

Testimony to the
National Committee on Vital and Health
Statistics
Subcommittee on Standards and Security

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On Behalf of the eHealth Initiative and its Foundation for eHealth

Mission of eHI and its Foundation

The primary mission of both the eHealth Initiative (eHI) and its Foundation for eHealth is the same: to improve the quality, safety and cost effectiveness of health care through information technology

eHI's Members

Our Members

- ❖ Health care providers
- ❖ Health care IT suppliers
- ❖ Payers
- ❖ Non-profit organizations and professional societies
- ❖ Pharmaceutical and medical device manufacturers
- ❖ Practicing physician organizations
- ❖ Research and academic institutions

eHI's Strategic Priorities

- ❖ Increase awareness of the role of information technology in driving greater quality, safety, and cost-effectiveness in health care
- ❖ Lay the foundation for an “interconnected, electronic health information infrastructure” by promoting the adoption of clinical data standards and enhanced connectivity
- ❖ Build the case for public and private economic incentives for better quality health care enabled by information technology

Example:
Public-Private Sector Collaboration for
Public Health

Public-Private Sector Collaboration Purpose

- ❖ Develop and communicate strategies to efficiently and securely capture and transmit standardized electronic data of public health importance
- ❖ Facilitate transmission of such data using CDC's National Electronic Disease Surveillance System (NEDSS)
- ❖ Leverage existing provider health care information systems and data sources to enhance public health surveillance processes
- ❖ Achieve results that are applied within six to twelve months
- ❖ Lay the foundation for a national health information infrastructure

Critical Success Factors

- ❖ Public and private sectors working together
- ❖ Support specific, well-defined, highly visible needs for data (e.g. public health)
- ❖ Focus on data for which there is already an installed base (e.g. lab data)
- ❖ Align efforts with existing funding sources
- ❖ Leverage work of experts and those working in the “trenches”

Critical Success Factors

- ❖ Involve key stakeholders—data producers, data consumers, data enablers
- ❖ Drive usage of standards and strategies through implementation and demonstration projects
- ❖ Align efforts with national initiatives, such as those related to NCVHS

Collaboration Participants and eHI Members

- Federal entities such as CDC, CMS, and NCVHS
- State and local public health agencies and partner organizations such as APHL, ASTHO, CSTE, NACCHO, NAHDO, NAPHSIS, PHDSC
- Health care technology suppliers (representing 80% of nation's health care systems) -- Cerner, EDS, IBM, McKesson, SAIC, Siemens and others
- Health care providers such as Cleveland Clinic, Duke, Kaiser Permanente, MedStar Health, NY Presbyterian, Partners, and VHA Inc.
- Holders of large sources of health care data such as Advance PCS, Quest Diagnostics and Quintiles
- Academic/research institutions such as Columbia, RAND, Regenstrief Institute, and University of Pittsburgh
- Standards organizations such as HL7, LOINC, and SNOMED
- Non-profit associations such as ACEP, AHIMA, AMIA, and WEDI

Commitment of Members

- ❖ Collaboration includes members and non-members of eHI – under auspices of Foundation for eHealth
- ❖ Work performed primarily by volunteers within seven working groups:
 - Architecture
 - Chief Complaint
 - Lab Results
 - Microbiology Results
 - Orders
 - Security
 - Vocabulary

Commitment of Members

- ❖ Support provided by Joseph H. Kanter Foundation, CDC, and eHealth Initiative

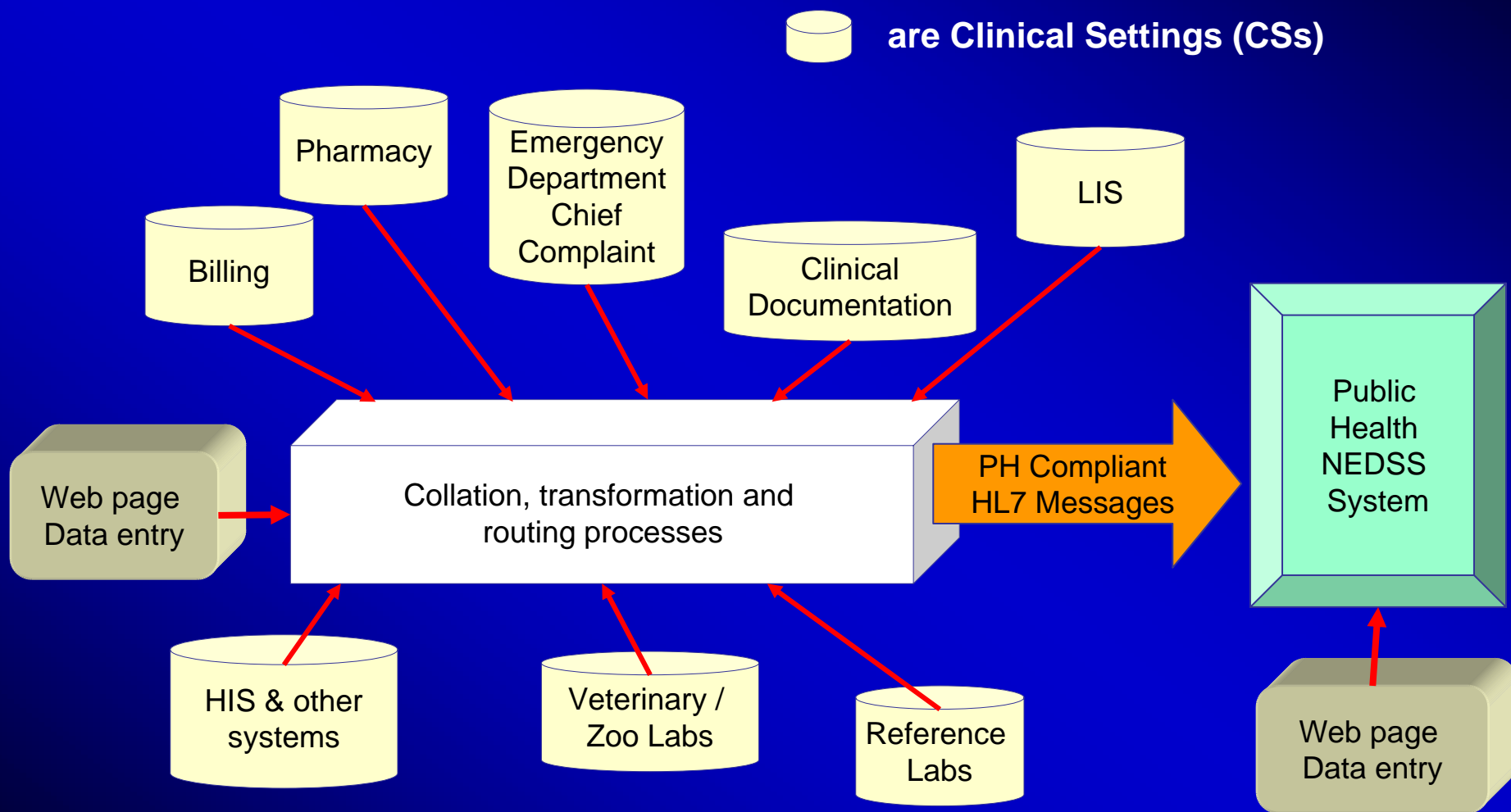
Accomplishments to Date

- ❖ Proposed additions to *Implementation Guide for Transmission of Laboratory Based Reporting of Public Health Reporting Information* including standard formats and specification of data types that have not yet been addressed
- ❖ Alternative methods and responsibility models for integration brokering functions
- ❖ Conceptual framework for specifying components of microbiology results reporting;

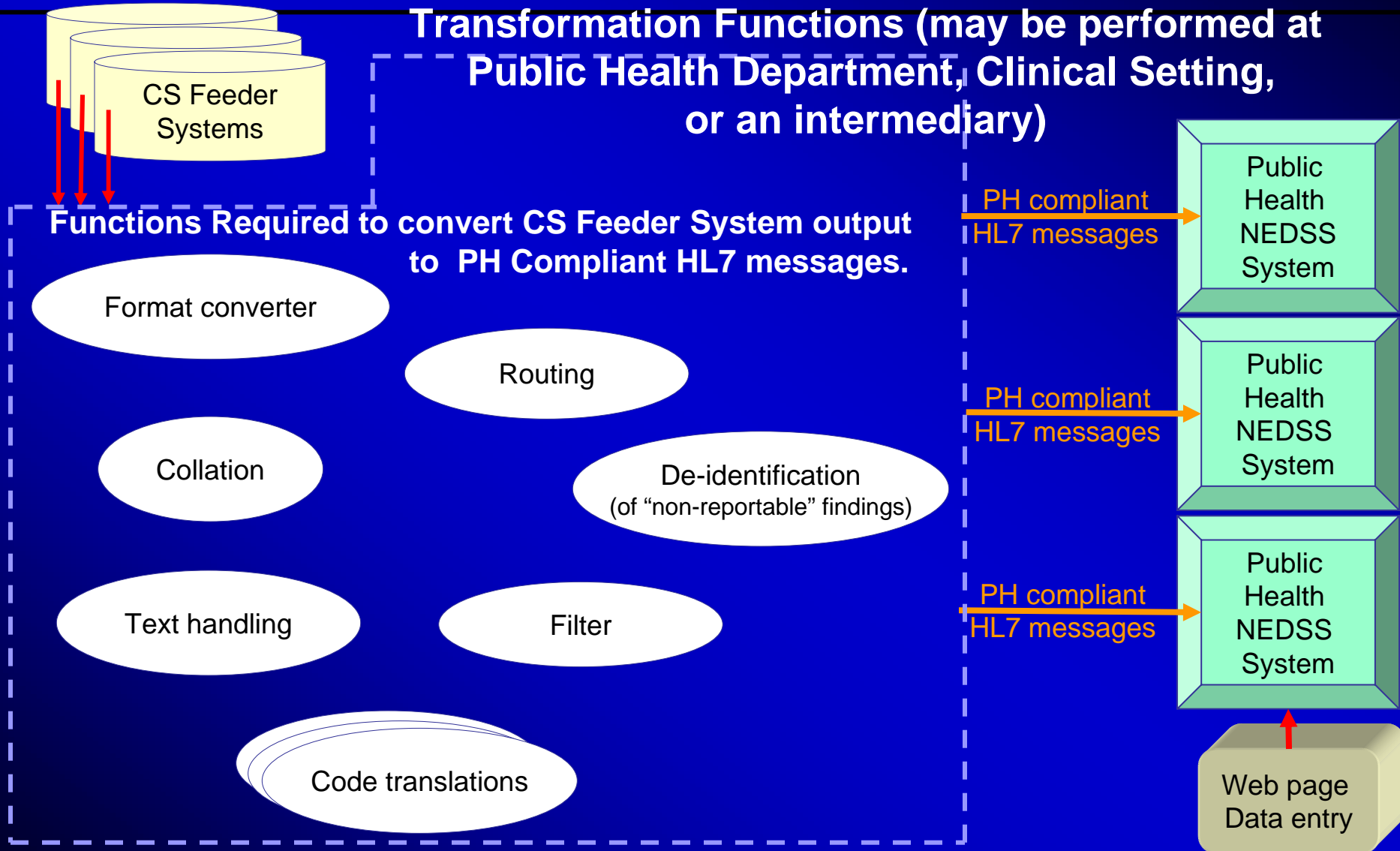
Accomplishments to Date

- ❖ Summary of scope, methods, and findings – sites currently performing syndromic surveillance
- ❖ Identification of focus areas for demonstration projects

Integration Broker Overview



Integration Broker Detail



Next Steps

- ❖ Complete implementation guides within next 30-60 days for lab results, microbiology results, orders, chief complaint data
- ❖ Promote widespread adoption through communication, education and other vehicles targeted to providers, labs, and public health organizations
- ❖ Show-case success stories to maintain momentum

Interaction with PMRI Standards and Terminologies

- ❖ The Collaboration and eHI support the PMRI standards and terminologies as the standards for implementation by health care providers, software developers and those who use the data
- ❖ Our demonstration projects will enable us to identify issues and provide feedback to NCVHS on the application of standards and terminologies in operational environments

eHI/Collaboration's Use of PMRI Standards

- ❖ Consistent with NCVHS recommendations, we have proposed HL7 2.x as the format for reporting:
 - Orders
 - Lab Results
 - Microbiology Results
 - Chief Complaint Data
- ❖ In the process of completing public health-specific implementation guides based on these standards

Gaps Identified by Work to Date

- ❖ Terminology and coding continue to pose significant challenges
 - Absence of an accepted vocabulary for items such as chief complaint
 - Slow rate of adoption of accepted terminologies such as LOINC
- ❖ Implementation guides essential to realize benefits of standards and terminologies
- ❖ A standardized approach to defining and communicating rules associated with data usage would be of great value, e.g. Dwyer Tables
- ❖ While full adoption of PMRI standards and terminologies may take time, current data can be leveraged in near term by using integration strategies

Lessons Learned

- ❖ We're ready to move to implementation--there are a number of initiatives that provide a “call for action” or “forum for discussion” – we don't need more of them
- ❖ The model of a rapid short-term intensive effort, focused on a specific problem (such as public health) can produce significant results
- ❖ Partnering both the public and private sectors leverages complementary skills, knowledge and expertise

Lessons Learned

- ❖ Vendor community is prepared to contribute their resources and expertise to developing standards-based approaches to meeting public health and other health care reporting requirements

Relationship to Other Initiatives

- ❖ eHI established to bring together multiple stakeholders
- ❖ eHI and Collaboration committed to working with other organizations, through overlapping involvement, ongoing open communication, and concrete alignment of activities:
 - ❖ NCVHS
 - ❖ Federal Government's Consolidated Health Informatics Initiative
 - ❖ IOM Committee on Patient Safety Data Standards
 - ❖ Markle Foundation's Connecting for Health Initiative
 - ❖ National Alliance for Health Information Technology
 - ❖ Work of the Standards Development Organizations

How NCVHS Can Help

- ❖ Create a clear and consistent message that there is a set of “operable” standards and terminologies that can and should be adopted in the near-term
- ❖ Encourage and support demonstrations that implement the NCVHS recommendations, including utilization of PMRI standards and terminologies in federal, state and local projects, to test them against use scenarios
- ❖ Apply the lessons learned from these demonstrations when shaping future recommendations

How NCVHS Can Help

- ❖ Collaborate with other Federal agencies to incorporate the NCVHS recommendations into their reporting requirements
- ❖ Leverage work of eHI, its Collaboration, and Connecting for Health, in development of NCVHS recommendations
- ❖ Identify the requirements for migration from the current environment to the PMRI standards-based environment